

GRUNLEY

To: Mary E. Switzer Building
330 C St NW
Washington, D.C.

Date: January 21, 2016

Contract No.: GS11P14MKC0010

Project Name: Switzer HHSC

Attn: Chris Hudson-Boyd, GSA Project Manager

Project No.: G14.312

Sent Via: Email/Jobsite - Hand Delivery

The following Certified Payroll is being transmitted for the above referenced project:

NO. OF COPIES	DESCRIPTION
1 Original	CERTIFIED PAYROLLS
1 Copy	ADJ Sheet Metal (WE Bowers), W/E 01/03/16 NW
	Advanced Power Control (WE Bowers), W/E 01/03/16
	AMCO Metal Products, W/E 01/10/16 NW, 01/03/16 NW
	Atlantic Installations (Material Distributors), W/E 12/30/15 NW, 12/23/15 NW, 12/16/15 NW
	Columbia Woodworking, W/E 01/03/16 NW
	Custom Glass Services, W/E 01/01/16 NW, 12/25/15 NW, 12/18/15 NW
	Federal Painting, W/E 01/03/16 NW, 12/27/15 NW
	G & M Services (Bowers), W/E 01/10/16 NW
	G & M Services (Singleton), W/E 01/03/16 NW, 12/27/15 NW
	Grunley, W/E 01/10/16, 01/03/16
	LSSI (Singleton Electric), W/E 01/02/16, 12/26/15
	Singleton, W/E 01/17/16, 01/10/16, 01/03/16
	Strickland Fire Protection, W/E 01/02/16, 12/26/15 NW, 12/19/15 NW, 12/12/15 NW, 12/05/15 NW, 11/28/15, 11/21/15 NW, 11/14/15, 11/07/15 NW, 10/31/15 NW, 10/24/15 NW, 10/17/15 NW
	The Circle Group, W/E 12/20/15
	W.E. Bowers, W/E 01/10/16 NW, 01/03/16 NW, 12/27/15 NW
	William Shumaker (Material Distributors), W/E 12/30/15 NW, 12/23/15, 12/16/15, 12/09/15, 12/02/15
	Wycliffe dba Powercomm, W/E 01/02/16 NW
	Z Best Wallcoverings, W/E 12/15/15, 12/08/15 NW, 12/01/15 NW, 11/24/15 NW, 11/17/15 NW, 11/10/15 NW

Should you require additional information, please do not hesitate to contact us.

GRUNLEY CONSTRUCTION CO., INC.
Certified Payroll Department
J. Hernandez

cc: File

15020 Shady Grove Road, Suite 500 | Rockville, MD 20850 | 240.399.2000 | 240.399.2001 | www.grunley.com

This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of Grunley Construction Co., Inc.

DATE: 01/06/16

I, Sheri Hill, Payroll Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by ADJ Sheet Metal, Inc. on the MARY SWITZER HHSC ;

that during the payroll period commencing on the 28th day of December 2015, and ending the 3rd day of January 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said ADJ Sheet Metal, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

Sub of W.E. Bowers

Sheri Hill
Payroll Manager

Signature: _____

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

4510 Graphics Drive
White Plains, MD 20695

01-0581604
Payroll Certification Report
14286-MARY SWITZER HHSC
Contract: 15008

12/28/15 To 01/03/16

Name	Exmp	<----- HOURS WORKED ----->										Job Pay	<--DEDUCTIONS-->			Emp No
Address		EARN	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK	PAY	JOB	Tot Pay	FICA	Union	Minority
SS No		CODE	12/28	12/29	12/30	12/31	01/01	01/02	01/03	TOTAL	RATE	WAGES	Nontax Frg	ST TAX	Misc.	Check #
Trade Desc													Tax Frg	LOC TAX	Total	Tot Net

No Work Performed

<-----DEDUCTIONS----->							
Job Hours	Job Pay	NonTax Fringe	FIT	State	Union		
	Tot Gross	Taxable Fringe	FICA	Local	Miscellaneous	Tot Deductions	Tot Net

WEEK NUMBER: 55

Certified Payroll Report

JOB #: 644160

Mary Switzer Building HHSC

Payroll Week Ending
01/03/2016

Payroll No.

57

James L. Barry

SocSecNo.

(b) (6)

Wages
1,915.68

Reimb

FICA MC
22.98

FICA SS
98.24

Federal
107.84

State
82.30

Other/Local

Other Ded
485.32

Total Ded/Tax
796.68

Net Pay
1,119.00

Check#
75244

Classification

Pay Type

Mon 12-28 12-29 12-30 12-31 01-01
5.00

Sat 01-02
01-03

Total
5.00
5.00

Pay Rate
45.8100

Job Wages
229.0500
229.0500

Fringes
10.65

Journeyman-Electrici Journeyman

Date 1/6/2016

I, JEANNIE THWAITES, CONTROLLER

(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

ADVANCED POWER CONTROL, INC

(Contractor or Subcontractor) on the

mswitzer Bldg HHSC; that during the payroll period commencing on the

28 day of Dec, 2015, and ending the 3 day of Jan, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

ADVANCED POWER CONTROL, INC

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Jeannie Thwaites - Controller

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR XX <input type="checkbox"/> AMCO Metal Products, Inc.						ADDRESS		OMB No. 1215-0149 Expires: 12/31/2011											
PAYROLL NO. 11		FOR WEEK ENDING 1/10/2016							PROJECT AND LOCATION Mary E. Switzer (HHSC) - Washington, DC		PROJECT OR CONTRACT NO. G14.0312.1400								
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITHHOLDINGS EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE		(5)	(6)	(7)	(8) DEDUCTIONS				(9)							
			S	M	T	W	T	F	S	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH HOLDING TAX	VA	MD	Other	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY																
			10	4	5	6	7	8	9										
NO WORK PERFORMED			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							
			O	T								/							
			S	T								/							

We estimate that it will take an average of 56 minutes to complete this collection of information, including time of reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 1/15/2016

I, L.B. Kline, President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
AMCO Metal Products, Inc. on the
(Contractor or Subcontractor)

Mary E. Switzer That during the payroll period commencing on the
(Building or Work)
04 day of January, 2016 and ending the 10 day of January, 2016
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said
AMCO Metal Products, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
Correct and complete; that the wage rates for laborer or mechanics contained therein are not less than the
Applicable wage rates contained in any wage determination incorporated into the contract; that the
Classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, of if no such recognized agency exists
In a State, are registered with the bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
Employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in this contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS: This is AMCO Metal Products, Inc. Final certified payroll.	

NAME AND TITLE

L.B. Kline, President

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

[illegible]

We estimate that it will take an average of 56 minutes to complete this collection of information, including time of reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

PAYROLL

(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)

REV. DEC. 2000

less it displays a currently valid OMB control number.

ADDRESS _____

OR SUBCONTRACTOR

DISTRIBUTORS INC.

PAYROLL NO.

11558 WINDSOR RD JAMSVILLE MD 21754

PROJECT AND LOCATION

31

December 30, 2015

MARY SWITZER	HHSC
--------------	------

GS11P14MKC0010/G

GS11P14MKC0010/G 14312

OMB No.: 1235-0008

Expires: 01/31/2015

Expires: 01/01/2010

14312

GS11P14MKC0010/G 14312

MARY SWITZER	HHSC
--------------	------

December 30, 2015

31

(1)	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER

NO WORK PERFORMED

(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS				NET WAGES PAID FOR WEEK		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	DATE OF EMPLOYMENT OR EXEMPTIONS	WORK CLASSIFICATION	OT OR ST.							HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA TAX	HOLDING TAX	MEDI-CARE	STATE WITH-HOLDING	OTHER DEDUCTIONS	DEDUCTIONS	
			TH	F	S	S	M	T	W										
			24	25	26	27	28	29	30										
			HOURS WORKED EACH DAY							HOURS									

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) require contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates, please write to the Office of Management and Budget, Paperwork Project Director (0142-0046), Washington, D.C. 20503.

(over)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 2001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12/30/15

I, ERNIE STINSON OWNER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:
ATLANTIC INSTALLATIONS, LLC on the
(Contractor or Subcontractor)

MARY SWITZER; that during the payroll period commencing on the

10 day of DECEMBER, 2015, and ending the 16 day of DECEMBER, 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made
either directly or indirectly to or on behalf of said

ATLANTIC INSTALLATIONS, LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages
earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the
Secretary of Labor under the Copeland Act, as amended (49 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145),
and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete;
that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any
wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered
with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to
appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll,
an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required
fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

WEEK 29 NO WORK DONE

NAME AND TITLE

ERNIE STINSON OWNER

SIG:

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR
CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 01/06/2016

I, DENA NIHART PAYROLL MANAGER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
COLUMBIA WOODWORKING, INC. on the

(Contractor or Subcontractor)
MARY E SWITZER (HHSC); that during the payroll period commencing on the

(Building or Work)
28 day of DECEMBER, 2015, and ending the 3 day of JANUARY, 2016

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

COLUMBIA WOODWORKING, INC. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NO WORK PERFORMED 12/28/15 THRU 1/3/2016

NAME AND TITLE

DENA NIHART/ PAYROLL MANAGER

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A CRIME UNDER THE CONTRACTOR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1215-0149 Expires: 12/31/2011
CUSTOM GLASS SERVICES, INC.		124 BYTE DRIVE FREDERICK, MD 21702	

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer on the project has received the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information determine if employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

01/06/2016

HR/PAYROLL ADMINISTRATOR

(1) That I pay or supervise the payment of the persons employed by

CUSTOM GLASS SERVICES, INC.
(Contractor or Subcontractor) on the

MARY B. SWITZER BLDG. _____; that during the payroll period commencing on the _____ (Building or Work)

26 day of 12, 2015, and ending the 1 day of 1, 2016,

CUSTOM GLASS SERVICES, INC.
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 6 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 53 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,

401K Deferrals Court Mandated Garnishments, Company Loan Repayments,

Employee Purchases on Company Accounts, 401K Loan Repayments, Check Advances

Vehicle Fringe, Payroll Adjustments

(2) That any payrolls otherwise under this contract required to be submitted to the grievance committee within the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with those performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

[illegible]

NAME AND TITLE

ANGELA L. McCLELLAND (301) 668-0110
HR/PAYROLL ADMINISTRATOR

SIGNATURE

(b) (9)

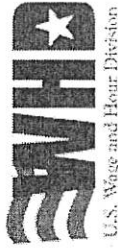
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE CERTAINING TO NOT SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 124 BYTE DRIVE FREDERICK, MD 21702		OMB No.: 1215-0149 Expires: 12/31/2011	
CUSTOM GLASS SERVICES, INC.					

PAYROLL NO. 17	FOR WEEK ENDING 12/25/2015	PROJECT AND LOCATION MARY E. SWITZER BLDG. (HHSC) WASHINGTON, DC 20037	PROJECT OR CONTRACT NO. G14.0312.1400
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDING NO	(3) WORK CLASSIFICATION	(4) DAY AND DATE				(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
			MON	TUE	WED	THUR				CA	WITH- HOLDING TAX	OTHER	
NO WORK PERFORMED THIS WEEK.													

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 01/06/2016

I, ANGELA L. MCCLELLAND (Name of Signatory Party) HR/PAYROLL ADMINISTRATOR (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

CUSTOM GLASS SERVICES, INC. on the (Contractor or Subcontractor)

MARY B. SWITZER BLDG. ; that during the payroll period commencing on the (Building or Work)

19 day of 12, 2015, and ending the 25 day of 12, 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

CUSTOM GLASS SERVICES, INC. from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,

401K Deferrals Court Mandated Garnishments, Company Loan Repayments,

Employee Purchases on Company Accounts, 401K Loan Repayments, Check Advances

Vehicle Fringe, Payroll Adjustments

(2) That any payrolls otherwise under this contract required to be submitted the above period are correct and complete; that the wage rates for laborers or mechanics contained herein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with those performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

ANGELA L. MCCLELLAND (301) 668-0110

HR/PAYROLL ADMINISTRATOR

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION IS A VIOLATION OF FEDERAL LAW AND MAY BE PROSECUTED AS A FELONY UNDER 18 U.S.C. § 1001. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

01/06/2016

ANGELA L. McCLELLAND

(Name of Signatory Party)

(1) That I pay or supervise the payment of the persons employed by

CUSTOM GLASS SERVICES, INC.

MARY B. SWITZER BLDG.

12 day of 12

CUSTOM GLASS SERVICES, INC.

weekly wages earned by any person and that no deductions have been made either directly or indirectly

Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,

401K Deferrals Court Mandated Garnishments, Company Loan Repayments,

Employee Purchases on Company Accounts, 401K Loan Repayments, Check Advances

Vehicle Fringe, Payroll Adjustments

(2) That any payrolls otherwise under this contract required to be submitted during the above period are

(3) That any apprentices employed in the above period are duly registered in a bona fide

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

□

(c) EXCEPTIONS

[illegible]

SIGNATURE

ANGELA L. McCLELLAND (301) 668-0110

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR

Wage and Hour Division

(For Contractor's Optional Use: See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec 2008

Rev. Dec 2008

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R. §§ 3.3, 5.5(a) and 5.5(b). The Copeland Act (40 U. S. C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U. S. Department of Labor, Room S3502, 200 Constitution Avenue N.W. Washington, D. C. 20210.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Patty Simons
Vice President

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 01/04/2016

I, Patty Simons Vice President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Federal Painting, Inc. on the

(Contractor or Subcontractor)

Mary E. Switzer - HHSC : Painting ; that during the payroll period commencing

(Building or Work)

on the 28 day of December, 2015, and ending the 03 day of January, 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Federal Painting, Inc. from the

(Contractor or Subcontractor)

full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

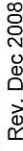
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ -In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

Wage and Hour Division

(For Contractor's Optional Use: See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No.: 1235-0008 Expires: 1/31/2015															
FEDERAL PAINTING, INC.		45915 MARIES ROAD # 132 DULLES, VA 20166		PROJECT OR CONTRACT NO. GS-11P-14-MK-C-0010															
PAYROLL NO. 45		FOR WEEK ENDING 12/27/2015		PROJECT AND LOCATION Mary E. Switzer - HHSC : Painting 15020 Shady Grove Road # 500 Rockville, MD 20850															
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK		
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX		OTHER	TOTAL DED.
			12/21	12/22	12/23	12/24	12/25	12/26	12/27										
			Mo	Tu	We	Th	Fr	Sa	Su										
No Work Performed.			O																
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R. §§ 3.3, 5.5(a). The Copeland Act (40 U. S. C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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Date 12/31/2015
I, Patty Simons Vice President
(Name of Signatory Party) (Title)
do hereby state:
(1) That I pay or supervise the payment of the persons employed by
Federal Painting, Inc. on the

(Contractor or Subcontractor)
Mary E. Switzer - HHSC : Painting ; that during the payroll period commencing
(Building or Work)
on the 21 day of December, 2015, and ending the 27 day of December
2015, all persons employed on said project have been paid the full weekly wages earned,
that no rebates have been or will be made either directly or indirectly to or on behalf of said
Federal Painting, Inc. from the
(Contractor or Subcontractor)

full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible
deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary
of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967;
76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the
above period are correct and complete; that the wage rates for laborers or mechanics
contained therein are not less than the applicable wage rates contained in any wage
determination incorporated into the contract; that the classifications set forth therein for
each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona
fide apprenticeship program registered with a State apprenticeship agency recognized by
the Bureau of Apprenticeship and Training, United States Department of Labor, or if no
such recognized agency exists in a State, are registered with the Bureau of Apprenticeship
and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ -In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Patty Simons Vice President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (eg., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE										(5)		(6) RATE OF PAY	(7)	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY							TOTAL HOURS	FICA	WITH- HOLDING TAX	STATE	UNION			OTHER	TOTAL DEDUCTIONS					
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Public Burden Statement

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(over)

Date 1 / 14 / 2016

I, Valencia Payne Accounts Receivables Clerk
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
G&M Services, LLC Subwork for: WE Bowers on the
(Contractor or Subcontractor)

Switzer HHS
(Building or Work); that during the payroll period commencing on the

4 day of January 2016, and ending the 10 day of January 2016,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

G&M Services, LLC Subwork for: WE Bowers from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below:

National Pension Fund \$1.70 per hr.

Steamfitters Local 602 9.90 per hr.

Plumbers Local 5 9.76 per hr.

Unskilled Labor 7.71 per hr.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NO WORK DONE

(b) (6)

NAME AND TITLE

Valencia Payne

Accounts Receivables Clerk

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE
31 OF THE UNITED STATES CODE.

CONTRACTOR OR
AND SECTION 231 OF TITLE



NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐ ADDRESS 7525 Connelley Drive, Unit U
G&M Services, LLC Subwork for: Singleton Electric Hanover, MD 21076
OMB No.: 1235-001
Expires: 01/31/201

PROJECT OR CONTRACT NO. 10232834
PROJECT AND LOCATION
FOR WEEK ENDING 01/03/2016
Switzer HHS Consolidation

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDING	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			M	T	W	T	F	S	S				WITH- HOLDING TAX	STATE	UNION	OTHER	
			28	29	30	31	1	2	3				FICA				
NO WORK DONE	O																
	S																
	O																
	S																
	O																
	S																
	O																
	S																
	O																
	S																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 1 / 6 / 2016

I, Valencia Payne Accounts Receivables Clerk
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

G&M Services, LLC Subwork for: Singleton Electric on the
(Contractor or Subcontractor)

Switzer HHS Consolidation; that during the payroll period commencing on the
(Building or Work)

28 day of December, 2015, and ending the 3 day of January, 2016,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

G&M Services, LLC Subwork for: Singleton Electric from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

National Pension Fund

\$1.70 per hr.

Steamfitters Local 602

9.90 per hr.

Plumbers Local 5

9.76 per hr.

Unskilled Labor

7.71 per hr.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXPLANATION

EXCEPTION (CRAFT)

REMARKS:

NO WORK DONE

(b) (6)

NAME AND TITLE

Valencia Payne

Accounts Receivables Clerk

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUT
31 OF THE UNITED STATES CODE.

CONTRACTOR OR
AND SECTION 231 OF TITLE



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

10232834

While completion of Form WH-347 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 5145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer on the project is not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have been legally required wages and fringe benefits.

(over)

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(1) That I pay or supervise the payment of the persons employed by
G&M Services, LLC Subwork for: Singleton Electric on the
(Contractor or Subcontractor)

Switzer HHS Consolidation
(Building or Work)

21 day of December, 2015, and ending the 27 day of December, 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

G&M Services, LLC Subwork for: Singleton Electric
(Contractor or Subcontractor) _____ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\$1.70 per hr.

9.90 per hr.

9.76 per hr.

7.71 per hr.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

NO WORK DONE

(9) (q)

NAME AND TITLE	ADDRESS	PHONE	TELETYPE	TELEFAX	EMAIL	INTERNET
Valencia Payn Accounts Receivable	10000 N. 15th Ave. Suite 100 Phoenix, AZ 85021	602-998-1100	602-998-1100	602-998-1100	valencia@valenciamfg.com	http://www.valenciamfg.com

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS SHALL BE CONSIDERED A VIOLATION OF THE FEDERAL ACQUISITION AND DISTRIBUTION ACT, 18 USC 950A, AND MAY BE SUBJECT TO CIVIL OR CRIMINAL PROSECUTION. SEE 31 OF THE UNITED STATES CODE.

CONTRACTOR'S WEEKLY PAYROLL STATEMENT

PAYROLL NUMBER	PAYROLL DATE	GROSS AMOUNT
63	January 10, 2016	\$1,281.54

I, Dorothy Root, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 4th day of January 2016 and ending on the 10th day of January 2016, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.

3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Dorothy Root, Accounting Supervisor	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

Job: 14-0312-1400 SWITZER HHSC

For the Period Ending: 01-10-2016

WASHINGTON DC

Employee	Employee Name	Fringe ID	Amount
ASH04	RONNIE ASHTON	UNION FRNG	393.02
			<u>393.02</u>

CONTRACTOR'S WEEKLY PAYROLL STATEMENT

PAYROLL NUMBER	PAYROLL DATE	GROSS AMOUNT
62	January 3, 2016	\$749.32

I, Dorothy Root, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 28th day of December 2015 and ending on the 3rd day of January 2016, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.

3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Dorothy Root, Accounting Supervisor	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

Certified Payroll Report

For the Period Ending: 01-03-16

Job: 14-0312-1400 SWITZER HHSC
WASHINGTON, DC

RONNIE ASHTON ✓
(b) (6) Black Male
M - 5 CARPENTER Reg
12-28 12-29 12-30 12-31 01-01 01-02 01-03
Mon Tue Wed Thu Fri Sat Sun
8.00 8.00 8.00
Total Hours 24.00
Rate 27.56
Cash Fringe
Gross This Job 661.44
661.44
Total Gross 1,102.40
FWH FICA 64.45
SWH SUI/SDI 44.69
Other Deducts 46.10
Net 862.83

JEROME ASHTON ✓
(b) (6) Black Male
S - 3 UNSKILLED LABORE Reg
12-28 12-29 12-30 12-31 01-01 01-02 01-03
Mon Tue Wed Thu Fri Sat Sun
8.00 8.00
Total Hours 4.00
Rate 21.97
Cash Fringe
Gross This Job 87.88
87.88
Total Gross 834.86
FWH FICA 65.77
SWH SUI/SDI 53.65
Other Deducts 159.41
Net 494.84

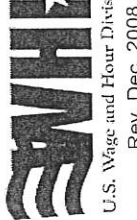
Totals for SWITZER HHSC

12-28-15	12-29-15	12-30-15	12-31-15	01-01-16	01-02-16	01-03-16	Total	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours	
8.00	8.00	8.00	8.00	.00	4.00	.00	28.00	
Gross This Job 749.32								
Total Gross 1,937.26								
Deductions								
FWH FICA 130.22								
SWH SUI/SDI 145.52								
SDI 98.34								
Other 205.51								
Net 1,357.67								

Job: 14-0312-1400 SWITZER HHSC For the Period Ending: 01-03-2016

WASHINGTON DC

Employee	Employee Name	Fringe ID	Amount
ASH04	RONNIE ASHTON	UNION FRNG	219.36
			<u>219.36</u>
ASH05	JEROME ASHTON	401-K MCH	2.64
		HOSP - S	10.84
			<u>13.48</u>



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐
LSSI

ADDRESS 7170 Gary Road
Manassas, VA 20109

OMB No.: 1235-C
Expires: 02/28/

PROJECT OR CONTRACT NO.
SUB - SINGLETON ELECTRIC

PROJECT AND LOCATION 14138-MARY SWITZER DHHS CONSOL

FOR WEEK ENDING 01/02/2016

PAYROLL NO. 53

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS					N Wa Pr For		
			Earn Code	SUN 12/27	MON 12/28	TUE 12/29	WED 12/30	THU 12/31	FRI 01/01				SAT 01/02	FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
				HOURS WORKED EACH DAY																
			No Work This Period																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington D. C. 20210.

Date 01/06/16

I, Rhonda Thompson Payroll Admin
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

on the

LSSI
(Contractor or Subcontractor)

MARY SWITZER DHHS CONSOL
(Building or Work)

that during the payroll period commencing on the

27th day of December, 2015, and ending the 2nd day of January 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

LSSI
(Contractor or Subcontractor)
from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

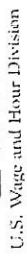
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
<p>REMARKS:</p> <p>Any questions, please contact me at: 703-631-7476</p> <p>Fringes include: Life Insurance, Health Insurance, Sick Leave, Vacation Leave, Holidays, 401k Contributions</p>	
NAME AND TITLE	SIGNATURE
Rhonda Thompson Payroll Admin	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



For Contractor's Optional Use: See www.dol.gov/whd/forms/wh347instr.htm

Wage and Hour Division

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐

ADDRESS 7170 Gary Road
Manassas, VA 20109

LSSI
PAYROLL NO. 52

FOR WEEK ENDING 12/26/2015

14138-MARY SWITZER DHHS CONSOL

PROJECT OR CONTRACT NO.
SUB - SINGLETON ELECTRIC

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008
Expires: 02/28/2018

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
			SUN 12/20	MON 12/21	TUE 12/22	WED 12/23	THU 12/24	FRI 12/25	SAT 12/26				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other Deductions	Total Deductions
			HOURS WORKED EACH DAY																
MCCHAIN, GREGORY G (b) (6)	M0	ELECTRICAL INSTALLER	REG	4.00					4.00	25.55	102.20	65.55	85.99	41.00	163.29	355.83	664.37		
												1,020.20							
																		Gender: Male	

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Public Burden Statement

Public Burden Statement

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LSSI

-Payroll Certification Report

14138-MARY SWITZER DHHS CONSOL

12/20/15 To 12/26/15

Employee	Trade	401K	VAC	HEALTH INS	HOLIDAY	LIFE INS	SICK LEAVE	Total
181 - MCCHAIN, GREGORY G	ELECTRICAL INSTALLE		0.980	1.840	0.690	0.030	0.300	3.840

Union Deductions/Fringes Report

12/25/15 to 12/31/15

MARY SWITZER DEPT H & H

54-1081845

Emp. Name

Trade

Emp. No SS No

Earn Pay Type Rate 12/31

REG 25.55 4.00

MCCHAIN, GREGORY G
ELECTRICAL INSTALLER

181 (b) (6)

Total Paid 4.00

Hours Earnings 4.00 102.20

102.20

4.00

Total Paid 4.00

4.00

By:

Rhonda F. Thompson

Title: Payroll Admin

<-----TOTAL-----> <-----DEDUCTION AND FRINGES----->

Amount Earnings Code 1 18.80 102.20

Singleton Electric Company, Inc.
Wage and Hours Report
Statement of Compliance

Job# 1419

Week Ending: 1/17/2016

CP# 65

Employer:

Singleton Electric Company, Inc.
7860 Cessna Ave.
Gaithersburg, MD 20879

Project:

Switzer HHS Consolidation
330 C St SW
Washington, DC 20230
Job# 1419

To: Grunley Construction Co.
15020 Shady Grove Rd #500
Rockville, MD 20850
Contract# GS-11P-14-MKC-0010

FOR THE PAY PERIOD BEGINNING 1/11/2016 AND ENDING 1/17/2016

I, Erin Weidemann, Assistant Controller do hereby state:

- 1) That I pay or supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.
- 2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:

(b) (6)

Erin Weidemann, Assistant Controller

Singleton Electric Company, Inc.
Wage and Hours Report
Statement of Compliance

Job# 1419

CP# 65

Week Ending: 1/17/2016

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
NEUB0 Neugebauer,Brian Paul	IBEW 26	JA -03.4															
REG	8.0	0.0	8.0	8.0	8.0	0.0	0.0	32.0	47.20	16.03	1,510.40			27.37			
OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,888.00	229.31	117.06	133.11	44.37	1,336.52
Elec Subforeman																	
Job Totals:								32.0			1,510.40						
								0.0			0.00						

Singleton Electric Company, Inc.
Wage and Hours Report
Statement of Compliance

Job# 1419

Week Ending: 1/10/2016

CP# 64

Employer:

Singleton Electric Company, Inc.
7860 Cessna Ave.
Gaithersburg, MD 20879

Project:

Switzer HHS Consolidation
330 C St SW
Washington, DC 20230

Job# 1419

To: Grunley Construction Co.

15020 Shady Grove Rd #500

Rockville, MD 20850

Contract# GS-11P-14-MKC-0010

FOR THE PAY PERIOD BEGINNING 1/4/2016 AND ENDING 1/10/2016
I, Erin Weidemann, Assistant Controller do hereby state:

- 1) That I pay or supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.
- 2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:

(b) (6)

Erin Weidemann, Assistant Controller

CP# 64 Singleton Electric Company, Inc.
Wage and Hours Report
Statement of Compliance

Job# 1419

Week Ending: 1/10/2016

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
NEUB0	Neugebauer,Brian Paul	IBEW 26	JA -03.4															
	REG	0.0	8.0	8.0	8.0	5.5	0.0	0.0	29.5	47.20	16.03	1,392.40			27.38			
	OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,888.00	229.31	117.06	133.11	46.44	1,334.35

Job Totals:

29.5
1,392.40
0.00

Singleton Electric Company, Inc.
Wage and Hours Report
Statement of Compliance

Job# 1419

Week Ending: 1/3/2016

CP# 63

Employer:

Singleton Electric Company, Inc.
7860 Cessna Ave.
Gaithersburg, MD 20879

Project:

Switzer HHS Consolidation
330 C St SW
Washington, DC 20230
Job# 1419

To: Grunley Construction Co.
15020 Shady Grove Rd #500
Rockville, MD 20850
Contract# GS-11P-14-MKC-0010

FOR THE PAY PERIOD BEGINNING 12/28/2015 AND ENDING 1/3/2016

I, Erin Weidemann, Assistant Controller do hereby state:

- 1) That I pay or supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.
- 2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:

(b) (6)

Erin Weidemann, Assistant Controller

Singleton Electric Company, Inc.
 Wage and Hours Report
 Statement of Compliance

Job# 1419

CP# 63

Week Ending: 1/3/2016

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
NEUB0 Neugebauer,Brian Paul	IBEW 26	JA -03.4															
	REG 8.0	8.0	8.0	0.0	0.0	0.0	0.0	32.0	47.20	16.03	1,510.40	1,510.40					
Elec Subforeman	OT 0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00		160.69	93.64	21.90	30.21	1,099.96

Job Totals:

32.0 1,510.40
 0.0 0.00

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Berwyn Road College Park, MD 20740		OMB No.: 1235-0008 Expires: 01/31/2015	
Strickland Fire Protection Inc		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		PROJECT OR CONTRACT NO.	
PAYROLL NO. 51		FOR WEEK ENDING 01/02/2016			

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week	
			HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Total Deductions
			SUN 12/27	MON 12/28	TUE 12/29	WED 12/30	THU 12/31	FRI 01/01	SAT 01/02									
Rocko, Edward J (b) (6)	M7	Sprinkler Fitter			8.00	8.00	6.00			22.00	35.00/12.07	1,035.54 1,595.54	115.44	87.71	68.44	382.36 Amt. 95.73 200.07 86.56	653.95	941.59

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Public Burden Statement

Date 01/08/16

I, R. A. Bogley IV Accounting Manager

(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the

(Contractor or Subcontractor)

Switzer Bldg - HHS ; that during the payroll period commencing on the

(Building or Work)

27th day of December, 2015, and ending the 2nd day of January 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes, 401k Loan Repayment

401k Pre-tax Contributions, Health Insurance

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

SIGNATURE

(b) (6)

NAME AND TITLE

R. A. Bogley IV
Accounting Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 100 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Employee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
ROC15 - Rocko, Edward J	Sprinkler Fitter		3.380	0.890	0.020	1.260	5.550



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Berwyn Road College Park, MD 20740	OMB No.: 1235-0008 Expires: 01/31/2015
PAYROLL NO. 50	FOR WEEK ENDING 12/26/2015	PROJECT OR CONTRACT NO.
PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS					(9) Net Wages Paid For Week	
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other		Total Deductions
				SUN 12/20	MON 12/21	TUE 12/22	WED 12/23	THU 12/24	FRI 12/25	SAT 12/26										
No Work This Period																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the

(Contractor or Subcontractor)

Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

20th day of December, 2015, and ending the 26th day of December 2015 ,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
R. A. Bogley IV Accounting Manager	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Berwyn Road College Park, MD 20740		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		PROJECT OR CONTRACT NO.		OMB No.: 1235-0008 Expires: 01/31/2015											
PAYROLL NO. 49		FOR WEEK ENDING 12/19/2015																	
(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS			(9) Net Wages Paid For Week			
			SUN 12/13	MON 12/14	TUE 12/15	WED 12/16	THU 12/17	FRI 12/18	SAT 12/19				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other Deductions	Total Deductions	
			HOURS WORKED EACH DAY																
			No Work This Period																
<p>While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.</p> <p>We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.</p> <p style="text-align: center;">Public Burden Statement</p>																			

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the
(Contractor or Subcontractor)
Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

13th day of December, 2015, and ending the 19th day of December 2015 ,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV
Accounting Manager

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Berwyn Road College Park, MD 20740	OMB No.: 1235-0008 Expires: 01/31/2015
PAYROLL NO. 48	FOR WEEK ENDING 12/12/2015	PROJECT OR CONTRACT NO.
PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS					(9) Net Wages Paid For Week			
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other		Total Deductions		
				SUN 12/06	MON 12/07	TUE 12/08	WED 12/09	THU 12/10	FRI 12/11	SAT 12/12												
				No Work This Period																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed 'Statement of Compliance' indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16
I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the
(Contractor or Subcontractor)
Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

6th day of December, 2015, and ending the 12th day of December 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

--	--

NAME AND TITLE	SIGNATURE
R. A. Bogley IV	(b) (6)
Accounting Manager	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 100 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Berwyn Road College Park, MD 20740		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		PROJECT OR CONTRACT NO.		OMB No.: 1235-0008 Expires: 01/31/2015		
PAYROLL NO. 47		FOR WEEK ENDING 12/05/2015								
(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Emp	(3) Work Classification	(4) DAY AND DATE SUN 11/29 11/30 12/01 12/02 12/03 12/04 12/05 MON TUE WED THU FRI SAT HOURS WORKED EACH DAY			(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS FICA Fed W/H Tax State & Local W/H Tax Union Deductions Other	(9) Net Wages Paid For Week
No Work This Period										
<p>While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.</p> <p>We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room 33502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.</p>										

Public Burden Statement

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc

on the

(Contractor or Subcontractor)

Switzer Bldg - HHS

; that during the payroll period commencing on the

(Building or Work)

29th day of November, 2015, and ending the 5th day of December 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Berwyn Road College Park, MD 20740		OMB No.: 1235-0008 Expires: 01/31/2015	
PAYROLL NO. 46		FOR WEEK ENDING 11/28/2015		PROJECT OR CONTRACT NO.	
		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS			

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week			
			HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other Deductions		
			SUN 11/22	MON 11/23	TUE 11/24	WED 11/25	THU 11/26	FRI 11/27	SAT 11/28											
Rocko Sr., Jeffrey M (b) (6)	M4	Sprinkler Fitter	FSR	1.00	3.00						4.00	35.00/12.06	188.24 1,168.24	80.58	51.77	49.21	Other Detail: Ded. 401K 401LN AFLAC HLTH	340.88 Amt. 116.82 109.12 33.39 81.55	522.44	645.80
Rocko, Edward J (b) (6)	M7	Sprinkler Fitter	FSR	1.00	3.00						4.00	35.00/12.07	188.28 2,082.53	153.02	157.98	102.79	Other Detail: Ded. 401K 401LN HLTH	407.31 Amt. 124.95 200.07 82.29	821.10	1,261.43

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Public Burden Statement

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the
(Contractor or Subcontractor)
Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

22nd day of November, 2015, and ending the 28th day of November 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes, 401k Loan Repayment

401k Pre-tax Contributions, AFLAC, Health Insurance

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract, that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV
Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.

Employee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
ROC30 - Rocko Sr., Jeffrey M	Sprinkler Fitter		3.380	0.890	0.020	1.270	5.560
ROC15 - Rocko, Edward J	Sprinkler Fitter		3.380	0.890	0.020	1.260	5.550

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Benwyn Road College Park, MD 20740		PROJECT OR CONTRACT NO.																									
Strickland Fire Protection Inc																													
PAYROLL NO. 45		FOR WEEK ENDING 11/21/2015		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS																									
(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS		(9) Net Wages Paid For Week																				
			<table border="1"> <tr> <td>SUN</td> <td>MON</td> <td>TUE</td> <td>WED</td> <td>THU</td> <td>FRI</td> <td>SAT</td> </tr> <tr> <td>11/15</td> <td>11/16</td> <td>11/17</td> <td>11/18</td> <td>11/19</td> <td>11/20</td> <td>11/21</td> </tr> </table>	SUN	MON	TUE	WED	THU	FRI	SAT	11/15	11/16	11/17	11/18	11/19	11/20	11/21												
SUN	MON	TUE	WED	THU	FRI	SAT																							
11/15	11/16	11/17	11/18	11/19	11/20	11/21																							
			HOURS WORKED EACH DAY																										
			No Work This Period																										
<p>While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.</p> <p>We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.</p> <p style="text-align: center;">Public Burden Statement</p>																													

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the

(Contractor or Subcontractor)

Switzer Bldg - HHS : that during the payroll period commencing on the
(Building or Work)

15th day of November, 2015, and ending the 21st day of November 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
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REMARKS:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

NAME AND TITLE
R. A. Bogley IV Accounting Manager

SIGNATURE
(b) (6)

THE WILLFUL FAISIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Benwyn Road College Park, MD 20740		OMB No.: 1235-0008 Expires: 01/31/2015	
Strickland Fire Protection Inc		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		PROJECT OR CONTRACT NO.	
FOR WEEK ENDING 11/14/2015					

PAYROLL NO. 44

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE										(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week							
										FICA	Fed W/H Tax	State & Local W/H Tax				Union Deduc- tions	Other	Total Deductions									
			SUN	MON	TUE	WED	THU	FRI	SAT																		
			11/08	11/09	11/10	11/11	11/12	11/13	11/14																		
			HOURS WORKED EACH DAY																								
Rocko, Edward J	M7	Sprinkler Filter				1.00						1.00	35.00/12.07	64.57	137.83	129.98	89.14			395.40	752.35	1,131.63					
(b) (6)														1,883.98	Other Detail:												
															401K												
															401LN												
															HLTH												

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the
(Contractor or Subcontractor)
Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

8th day of November, 2015, and ending the 14th day of November 2015 ,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes, 401k Loan Repayment

401k Pre-tax Contributions, Health Insurance

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

--	--

NAME AND TITLE

R. A. Bogley IV
Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 7001 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.

Employee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
ROC15 - Rocko, Edward J	Sprinkler Fitter		3.380	0.890	0.020	1.260	5.550

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Benwyn Road College Park, MD 20740		OMB No.: 1235-0008 Expires: 01/31/2015	
PAYROLL NO. 43		FOR WEEK ENDING 11/07/2015		PROJECT OR CONTRACT NO.	
PROJECT AND LOCATION 2014147-Switzer Bldg - HHS					

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
							FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
No Work This Period													
<p>While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.</p> <p>We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.</p>													

Public Burden Statement

Date 01/08/16

I, R. A. Bogley IV Accounting Manager

(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the

(Contractor or Subcontractor)

Switzer Bldg - HHS ; that during the payroll period commencing on the

1st day of November, 2015, and ending the 7th day of November 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Berwyn Road College Park, MD 20740		OMB No.: 1235-0008 Expires: 01/31/2015
PAYROLL NO. 42	FOR WEEK ENDING 10/31/2015	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS	PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
				SUN	MON	TUE	WED	THU	FRI	SAT										
				10/25	10/26	10/27	10/28	10/29	10/30	10/31										
No Work This Period																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16

I, R. A. Bogley IV Accounting Manager
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the
(Contractor or Subcontractor)
Switzer Bldg - HHS ; that during the payroll period commencing on the
(Building or Work)

25th day of October, 2015, and ending the 31st day of October 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

--	--

NAME AND TITLE R. A. Bogley IV Accounting Manager	SIGNATURE (b) (6)
---	----------------------

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF
TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Betwyn Road College Park, MD 20740	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS
PAYROLL NO. 41		PROJECT OR CONTRACT NO.
FOR WEEK ENDING 10/24/2015		OMB No.: 1235-0008 Expires: 01/31/2015

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
				SUN	MON	TUE	WED	THU	FRI	SAT										
				10/18	10/19	10/20	10/21	10/22	10/23	10/24										
No Work This Period																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16

I, R. A. Bogley IV	Accounting Manager
(Name of signatory party)	(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc
on the

(Contractor or Subcontractor)

; that during the payroll period commencing on the

(Building or Work)

18th day of October, 2015, and ending the 24th day of October 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

REMARKS:

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(G) below.

NAME AND TITLE

R. A. Boalev IV

Accounting Manager

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 5113 Berwyn Road College Park, MD 20740		PROJECT AND LOCATION 2014147-Switzer Bldg - HHS		PROJECT OR CONTRACT NO.	
Strickland Fire Protection Inc							
PAYROLL NO. 40		FOR WEEK ENDING 10/17/2015					
OMB No.: 1235-0008 Expires: 01/31/2015							

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
				HOURS WORKED EACH DAY														
				SUN 10/11	MON 10/12	TUE 10/13	WED 10/14	THU 10/15	FRI 10/16	SAT 10/17								
				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total Deductions									
No Work This Period																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

01/08/16

V _____ Accounting Manager
(Title)

or supervise payment of the persons employed by

on the

(Contractor or Subcontractor)

: that during the payroll period commencing on the

(Building or Work)

October 2015, and ending the 17th day of October 2015,

 employed on said project have been paid the full weekly wages earned, that no rebates have made either directly or indirectly to or on behalf of said

from the full

(Contractor or Subcontractor)

earned by any person and that no deductions have been made either directly or indirectly from the wages earned by any person, other than permissible deductions as defined in Regulations, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below.

REMARKS:

or payrolls otherwise under this contract required to be submitted for the above period complete; that the wage rates for laborers or mechanics contained therein are not less than the minimum wage rates for laborers or mechanics contained in any wage determination incorporated into the contract; that the wage rates for each laborer or mechanic conform with the work he performed.

Apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, United States Department of Labor, or if no such recognized agency exists in a State, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

[illegible]

SIGNATURE

NAME AND TITLE

R. A. Boalev IV

Accounting Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12/20/2015

I, Mike Dominici Vice President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

The Circle Group

(Contractor or Subcontractor) on the

Mary Switzer HHSC ; that during the payroll period commencing on the

14th day of Dec, 2015, and ending the 20th day of Dec, 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

The Circle Group from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
Mike Dominici
Vice President

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

603

DATE 13-Jan-16

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

I, MELISSA GEORGE ACCOUNTANT
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

W.E. BOWERS on the
(Contractor or Subcontractor)
SWITZER HHS ; that during the payroll period commencing on the
(Building or Work)

4 day of JANUARY, 2016, and ending the 10 day of JANUARY, 2016,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

W.E. BOWERS from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined
in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act,
as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described
below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in
a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been or
will be made to appropriate programs for the benefit of such employees, except as noted in
Section 4(c) below.

(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

SIGNATURE

(b) (6)

MELISSA GEORGE - ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE
CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION
1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

602

DATE 6-Jan-16

I, MELISSA GEORGE (Name of Signatory Party) ACCOUNTANT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

W.E. BOWERS (Contractor or Subcontractor) on the

SWITZER HHS (Building or Work) ; that during the payroll period commencing on ti

28 day of DECEMBER, 2015, and ending the 3 day of JANUARY, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

W.E. BOWERS (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

[X] in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

SIGNATURE

(b) (6)

MELISSA GEORGE - ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

DATE 31-Dec-15

I, MELISSA GEORGE (Name of Signatory Party) ACCOUNTANT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

W.E. BOWERS (Contractor or Subcontractor) on the
SWITZER HHS (Building or Work) ; that during the payroll period commencing on 8

21 day of DECEMBER, 2015, and ending the 27 day of DECEMBER, 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

W.E. BOWERS (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

SIGNATURE

MELISSA GEORGE - ACCOUNTANT

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 1/2/16

I, WILLIAM SHUMAKER OWNER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

MARY SWITZER on the
(Contractor or Subcontractor)
24 day of December 2015 and ending the 30 day of December 2015
as persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made
either directly or indirectly to or on behalf of said

WILLIAM SHUMAKER from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages
earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subpart A), issued by the
Secretary of Labor under the Copeland Act, as amended (48 Stat. 648, 63 Stat. 108, 72 Stat. 867, 76 Stat. 357, 40 U.S.C. 3145),
and described below:

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete;
that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any
wage determination incorporated into the contract; and the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered
with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to
appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll,
an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required
fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK

WOK31

NAME AND TITLE

WILLIAM SHUMAKER, SOLE PROPRIETOR

(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR
CRIMINAL PROSECUTION. SEE SECTION 1901 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12-30-15

I, WILLIAM SHUMAKER (Name of Signatory Party) OWNER (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by: WILLIAM SHUMAKER on the 17 day of Dec. 2015 (Contractor or Subcontractor) Mary Switzer; that during the payroll period commencing on the 17 day of Dec. 2015 and ending the 23 day of Dec. 2015 at persons employed on said project have been paid the full weekly wages earned, that no monies have been or will be made either directly or indirectly to or on behalf of said

WILLIAM SHUMAKER from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (49 Stat. 648, 63 Stat. 100, 72 Stat. 607, 70 Stat. 397, 40 U.S.C. 3140), and described below:

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor; or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

... In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on this payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

WK 30

NAME AND TITLE

WILLIAM SHUMAKER, SOLE PROPRIETOR

(b) (6)
THIS STATEMENT OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12/30/15

I, WILLIAM SHUMAKER (Name of Signatory Party) OWNER (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

MARY SWITZER WILLIAM SHUMAKER on the
(Contractor or Subcontractor)

; that during the payroll period commencing on the

10 day of Dec 2015 and ending the 16 day of Dec 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

WILLIAM SHUMAKER from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 940, 63 Stat. 101, 72 Stat. 607, 76 Stat. 357, 40 U.S.C. 3142), and described below:

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(e) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(5) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(6) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

WK 29

NAME AND TITLE

WILLIAM SHUMAKER SOLE PROPRIETOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12-30-15

I, WILLIAM SHUMAKER OWNER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

MARY SWITZER on the
(Contractor or Subcontractor)

that during the payroll period commencing on the
day of Dec. 2015 and ending the
day of 9 Dec. 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made
either directly or indirectly to or on behalf of said

WILLIAM SHUMAKER from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages
earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the
Secretary of Labor under the Copeland Act, as amended (48 Stat. 648, 63 Stat. 109, 72 Stat. 507, 76 Stat. 307, 40 U.S.C. 3146),
and described below:

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete;
that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any
wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered
with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to
appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH:

✓ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll,
an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required
fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

WK 23

NAME AND TITLE

WILLIAM SHUMAKER SOLE PROPRIETOR

(b) (6)

THE VERIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR
CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date 12/30/15

I, WILLIAM SHUMAKER OWNER
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

MARY SWITZER WILLIAM SHUMAKER on the
(Contractor or Subcontractor)

that during the payroll period commencing on the 26 day of Nov. 2015 and ending the 2 day of Dec. 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

WILLIAM SHUMAKER from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 106, 72 Stat. 907, 70 Stat. 357, 40 U.S.C. 3142), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ --- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

WOK 27

NAME AND TITLE

WILLIAM SHUMAKER, SOLE PROPRIETOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 01/31/2015
Wycliffe Enterprises, Inc dba Powercomm	1341 Hughes Ford Road, Suite 101 Frederick, MD 21701	

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
47 NO WORK PERFORMED	01/02/2016	SWITZER HHSC	GS11P14MKC0010 G14.312

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF EXEMPTIONS FROM MINIMUM WAGE	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	STATE	OTHER	TOTAL DEDUCTIONS	
			S 27	M 28	T 29	W 30	T 31	F 01	S 02									
ARALJO ANTONIO (b) (6)	0	ELEC0026-016 ELECTRICIAN									\$69.60							
											46.40 15.65							
CROMARTIE, SHAUN (b) (6)	6	ELEC0026-017 ELECTRICAL INSTALLER									\$51.75							
											34.50 10.25							
ENYEW, MARKOS (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER									\$42.08							
											28.05 8.99							
GAWTHORP, STERLING (b) (6) FRINGES PAID TO HIM	0	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58							
											27.05 8.85							
HAYMORE, JACOB (b) (6)	5	ELEC0026-017 ELECTRICAL INSTALLER									\$45.00							
											30.00 9.07							
PHAM, LUI EVAN (b) (6) NON-UNION - FRINGES PAID TO HIM	2	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58							
											27.05 8.85							
LUM, JOSEPH (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58							
											27.05 8.95							
NGWA, GERALD (b) (6)	3	TELECOM APPRENTICE YR 1									\$22.32							
											14.88 6.08							

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 01/07/2016

I, Diana Richardson Accountant
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Wycliffe Enterprises, Inc dba Powercomm on the
(Contractor or Subcontractor)
Grunley Construction- Mary Switzer HHSC; that during the payroll period commencing on the
(Building or Work)
27th day of December, 2015, and ending the 2nd day of January, 2016,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Wycliffe Enterprises, Inc dba Powercomm from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Diana Richardson Accountant	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OFFICIAL STATEMENT MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

Date: 1/12/16
I, Wm. T. Hanbury, Jr. Payroll No. 39 FINAL
{Name of signatory party} {title}
do hereby state:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns - \$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS SHALL SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.

{1} That I pay or supervise the payment of the persons employed by
Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor} {building or work}
Human Services that during the payroll period commencing on the
12/9/2015 and ending the 12/15/2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly on behalf of said
Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat.357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract: that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

{3} That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

OMB NO: 1215-0149
Expires:

Expires:

FORM WH-347 (1/68) - FORMERLY SOI 184- PURCHASE THIS FORM DIRECTLY FROM THE SUPR. OF DOCUMENTS

Date: 01/12/16 Payroll No. 38

I, Wm. T. Hanbury, Jr. President
{Name of signatory party} {title}

do hereby state:

{1} That I pay or supervise the payment of the persons employed by
Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor} {building or work}

Human Services that during the payroll period commencing on the
12/02/15 and ending the 12/08/15
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly on behalf of said

Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in
Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete: that the wage rates for laborers or mechanics contained therein are
not less than the applicable wage rates contained in any wage determination incorporated into the
contract; that the classifications set forth therein for each laborer or mechanic conform with the work
he performed.

{3} That any apprentices employed in the above period are duty registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency
exists in a State are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns - \$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)

Date: 1/12/16 Payroll No. 37

I, Wm. T. Hanbury, Jr. President
{Name of signatory party} {title}

do hereby state:

{1} That I pay or supervise the payment of the persons employed by
Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor} {building or work}

Human Services that during the payroll period commencing on the
11/25/2015 and ending the 12/1/2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly on behalf of said

Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in
Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete: that the wage rates for laborers or mechanics contained therein are
not less than the applicable wage rates contained in any wage determination incorporated into the
contract: that the classifications set forth therein for each laborer or mechanic conform with the work
he performed.

{3} That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency
exists in a State are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
except as noted in section 4(c) below.

{b} WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns -	
\$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	
REMARKS	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.	

PAYROLL

(For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO. 1215-0149
Expires:

NAME OF CONTRACTOR Z-Best Wallcoverings, Inc		OR SUBCONTRACTOR																		
CONTRACTOR / SUBCONTRACTOR ADDRESS: 10641A Trinity Church Road Charlotte Hall, MD 20622		CONTRACT NUMBER: G14.0312.1400																		
PAYROLL NO. 37	FOR WEEK ENDING: 12/1/2015	PROJECT AND LOCATION: Mary E Switzer - Health and Human DEDUCTIONS																		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST OR OT	DAY AND DATE							TOTAL RATE OF HOURS PAY	GROSS AMOUNT EARNED THIS JOB	GROSS AMOUNT EARNED ALL JOBS	FEDERAL HOLDING TAX STATE	SOCIAL SECURITY	MEDICARE	OTHER DEDUCTIONS	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
				W 11/25	TH 11/26	F 11/27	S 11/28	SU 11/29	M 11/30	T 12/1										
NO HOURS WORKED			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
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			S																	
			O																	
			S																	
			O																	
		S																		
TOTALS																				

Date: 01/12/16

Payroll No. 36

I, Wm. T. Hanbury, Jr.
{Name of signatory party}

President
{title}

do hereby state:

{1} That I pay or supervise the payment of the persons employed by

Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor} {building or work}

Human Services that during the payroll period commencing on the

11/18/15 and ending the 11/24/15

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly on behalf of said

Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract: that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

{3} That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ --in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract except as noted in section 4(c) below.

{b} WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns -	
\$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	
REMARKS	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.	

OMB NO: 1215-0149
Expires:

FORM WH-347 (1/68) - FORMERLY SOL 184- PURCHASE THIS FORM DIRECTLY FROM THE SUPR. OF DOCUMENTS

Date: 1/12/16

35

Payroll No.

I, Wm. T. Hanbury, Jr.
{Name of signatory party}

President
{title}

do hereby state:

{1} That I pay or supervise the payment of the persons employed by

Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor} {building or work}

Human Services that during the payroll period commencing on the

11/11/2015 and ending the 11/17/2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly on behalf of said

Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat.357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract: that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

{3} That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract except as noted in section 4(c) below.

{b} WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns - \$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.	

OMB NO: 1215-0149
Expires:

[illegible]

Date:01/12/16Payroll No.34

I,Wm. T. Hanbury, Jr. President
{Name of signatory party}{title}

do hereby state:

{1} That I pay or supervise the payment of the persons employed by
Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and
{Contractor or subcontractor}{building or work}

Human Services that during the payroll period commencing on the
11/04/15 and ending the 11/10/15
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly on behalf of said
Subcontractor from the full
{Contractor or subcontractor}

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in
Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

{2} That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete: that the wage rates for laborers or mechanics contained therein are
not less than the applicable wage rates contained in any wage determination incorporated into the
contract: that the classifications set forth therein for each laborer or mechanic conform with the work
he performed.

{3} That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency
exists in a State are registered with the Bureau of Apprenticeship and Training, United States
Department of Labor.

{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
☒ ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
☐ --Each laborer or mechanic listed in the above referenced payroll has been paid, as
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Journeyman - Regular Rate	\$22.30
Fringe Breakdowns - \$4.40 - Health	
\$3.13 - Pension / Annuity	
\$0.16 - Apprenticeship	
\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE
Wm. T. Hanbury, Jr. - President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.	

